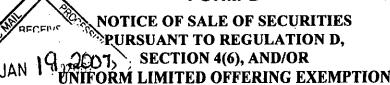
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



D. O.	7041922	
Prefix	Serial	
DATE RECE	EIVED	

Name of Offering (Name of Offering (Name has changed, and indicate change.)	
Precise Path Robotics, Vnc Series A Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	RECD S.E.O.
A. BASIC IDENTIFICATION DATA	JAN 1 9 2007
1. Enter the information requested about the issuer	¥
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	1088
Precise Path Robotics, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephor	ne Number (Including Area Code)
1020 West 116th St., Carmel, Indiana 46032 317-818-8	3185
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telepho (if different from Executive Offices)	one Number (Including Area Code)
same ' same	
Brief Description of Business	
Development and sale of outdoor mobile robots.	PRO
Type of Business Organization corporation	JAN 2 SED
Actual or Estimated Date of Incorporation or Organization: 11 06 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	JAN 2 5 2007 FINANCIA

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9'

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner ✓ Director Managing Partner Full Name (Last name first, if individual) Jones, Scott A. Business or Residence Address (Number and Street, City, State, Zip Code) 1020 West 116th St., Carmel, Indiana 46032 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Traster, Doug Business or Residence Address (Number and Street, City, State, Zip Code) 1020 West 116th St., Carmel, Indiana 46032 Director Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Indy Robotics, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1020 West 116th St., Carmel, Indiana 46032 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В. Б	NFORMAT	ION ABOU	T OFFERI	NG				
4 77	Č. ·				11 44			thin - cc			Yes	No
I. Has the	: issuer sole	a, or does t			ll, to non-a				=	***************************************	□	7
) What is	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?										\$50,0	00
2. What is	what is the minimum investment that will be accepted from any individual?								Yes	No		
3. Does th	Does the offering permit joint ownership of a single unit?									\mathbf{Z}		
commis If a per or state	ssion or sim son to be lis s, list the na	ilar remune ted is an as ame of the b	ration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchase ent of a brok	ers in conne ter or deale c (5) persor	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
Full Name (Last name	first, if ind	ividual)		•				<u> </u>			
N/A Business or	Decidence	Address (N	Jumber and	i Street C	ity State 7	in Code)		.		·		
Dusiness of	Residence	Addices (i	dilloci alik	i Sircei, C	ny, State, 2	np code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
					•••••			,	***************************************		☐ A1	States
AL	AK	AZ	ומגו	CA	[CO]	[CT]	DE	DC	FL	GA	HI	[ID]
[AL]	IN	[AZ]	[AR]	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE]	\overline{NV}	NH)	NJ	NM)	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)						· · · · · · · · · · · · · · · · · · ·			•
Business of	r Residence	Address (Number an	d Street, C	City, State,	Zip Code)	·					
Name of As	sociated Br	oker or De	aler									·
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	s" or check	individual	States)							☐ Al	States
AL	AK	AZ	AR.	CA	CO	CT	DE	DC	FL	GA	HI	ĪĎ
(IL)	IN	IA	(KS)	·KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)								<u>.</u>	
Business of	r Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	sociated B	roker or De	aler						· 			·····
										···		
States in Wi					to Solicit			************	.,		☐ Al	I States
												[TIKT]
[AL]	AK IN	ÁΖ	AR	CA KY	CO TA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	MO
MT	NE	IA NV	KS NH	NJ	LA NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	[SD]	TN	TX	UT	VT	VA ·	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	l		•
	Type of Security	Aggregate Offering Price	3	Amount Already Sold
	Debt	\$		s
	Equity			\$ 150,000
	Common Preferred		_	
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$	_	\$
	Other (Specify)	\$		
	Total	\$_350,000		\$_150,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases \$ 150,000
	Accredited Investors		-	\$ 0.00
	Non-accredited Investors			
	Total (for filings under Rule 504 only)		<u> </u>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			• .
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$ \$ 0.00
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.	•		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		Z	\$ 20,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		(7)	s 20,000

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$ 330,000
•	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
		•	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate] \$	S
	Purchase, rental or leasing and installation of mac	chinery] \$	\$
	Construction or leasing of plant buildings and fac	ilities] \$	s
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another		
	Repayment of indebtedness] \$. 🗆 \$
	Working capital			
	Other (specify):	 -] \$. S
] \$. 🗆 \$
	Column Totals		\$_0.00	☑ \$ <u>330,000</u>
	Total Payments Listed (column totals added)		∑ \$ <u>3:</u>	30,000
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commiss	ion, upon writte	ile 505, the following in request of its staff
SS	uer (Print or Type)	Signature D	ate	
Pı	recise Path Robotics, Inc.		January <u>/</u> と,:	2007
۱a	ume of Signer (Print or Type)	Title of Signer (Print or Type)		
n	oug Traster	President and Secretary		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.20 provisions of such rule?	62 presently subject to any of the disqualit	ication Yes No								
•		See Appendix, Column 5, for state respon	nse.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.										
4.	limited Offering Exemption (ULOE) of		at must be satisfied to be entitled to the Use derstands that the issuer claiming the avail atisfied.								
	uer has read this notification and knows the thorized person.	contents to be true and has duly caused this	notice to be signed on its behalf by the under	signed							
Issuer (Print or Type)	Signature	Date								
Precise	Path Robotics, Inc.	Vong Trosts	January <u>/ 2</u> , 2007								
Name (Print or Type)	Title (Print or Type)									
Doug T	raster	President and Secretary									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 . 4 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and amount purchased in State explanation of to non-accredited waiver granted) offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Yes No Amount Investors Amount State Yes No ΑL ΑK ΑZ AR CA co CTDΕ DC FL GA Н ID IL IN \$350,000 Preferred Equity 1 0 \$0.00 \$150,000 IA **KS** ΚY LA ME MD ΜA ΜI MN MS

APPENDIX ~ 3 5 3 4 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors **Amount** State Yes No MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA wv WI

				APPI	ENDIX				
1	43 7 7 T	2 ,	3		4				
	to non-a	to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									,
PR					. <u> </u>				